

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: SPHEROIDS, PREPARATION METHOD  
THEREOF AND PHARMACEUTICAL  
COMPOSITIONS

Attorney Docket Number:: 017753-205

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Philippe

Middle Name::

Family Name:: CHENEVIER

Name Suffix::

City of Residence:: Montreal

State or Province of Residence:: Quebec

Country of Residence:: Canada

Street of Mailing Address:: 5656 rue Woudbury

City of Mailing Address:: Montreal

State or Province of Mailing Address:: Quebec

Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address:: H3T 1F7

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Dominique

Middle Name::

Family Name:: MARECHAL

Name Suffix::

City of Residence:: Dreux

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: 26A12, boulevard de l'Europe

City of Mailing Address:: Dreux

State or Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing Address:: F-28100

**Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

**Representative Information**

Representative Customer Number:: 21839

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application:: Parent Filing Date::
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This Application	National Stage of	PCT/FR2003/002909 10/03/03
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**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
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France	02/12333	10/04/02	Yes
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18/530052

JC17 Rec'd PCT/PTO 04 APR 2005

**Assignee Information**

Assignee Name::	ETHYPHARM
Street of Mailing Address::	21, rue Saint-Mathieu
City of Mailing Address::	Houdan
State or Province of Mailing Address::	
Country of Mailing Address::	France
Postal or Zip Code of Mailing Address::	F-78550